



DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: January 14, 2020 at 9:06 AM

Place of meeting: Nevada State Legislative Building
401 S. Carson Street, Room 2134
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Room 4406
Las Vegas, Nevada 89101

Teleconference: (888) 363-4735

Access Code 1961395

Attendees

Board Members (Present)

Rota Rosaschi, Chairperson
Dr. Aaron Deiringer, Board Member
Dr. Ryan Murphy, Board Member
Dr. Kelsey Maxim, Board Member
Dr. Ihsan Azzam, Board Member

Board Members (Absent)

Sharon Chamberlain, Board Member
June Cartino, Board Member
Kimberly Palma-Ortega, Board Member

Carson City

Joan Hall, Nevada Rural Hospital Partners (NRHP)
Lea Cartwright, Nevada Psychiatric Association
Heather Fitzgerald, Silver Summit Health Plan (SSHP)
Homa Woodrum, Deputy Attorney General (DAG)
Allison Genco, Ferrari Public Affairs
Ritchie Duplechien, Health Plan of Nevada (HPN)
Tracey Woods, Anthem Blue Cross Blue Shield
David Escome, Anthem Blue Cross Blue Shield
Nicole Figles, SSHP
Theresa Carsten, DHCFP

Cody Phinney, DHCFP
Eric Schumacher, SSHP
Kevin Permann, CHA
Jaimie Evins, DHCFP
Roxanne Coulter
Kelly Woods, DHCFP
Daniel Pierrot, Argentum Partners
Sarah Fox, SSHP
Kirsten Coulombe, DHCFP

I. Call to Order

Chairwoman Rota Rosaschi called the meeting to order at 9:06 AM.

II. Roll Call

Chairwoman Rosaschi asked for roll call. A quorum was established.

III. Public Comment

Ms. Lea Cartwright, advised of a presentation given at the November 20, 2019 meeting of the Legislative Health Committee presented by the DHHS where an IMD Exclusion Waiver was mentioned. One of the issues identified as Next Steps was the nonfederal portion of funding. Ms. Cartwright asked if there were any updates on that funding and if it has been secured this interim or if it is in the budget for next Legislative Session.

IV. For Possible Action: Review and approval of meeting minutes from the previous meeting held on October 15, 2019

Per Ms. Rosaschi normally minutes would be approved for the past meeting, but as they were just published, they will be approved at the next meeting so the board members will have time to review them.

V. Administrator's Report: Review of Medicaid Services Manual (MSM), updates for October 2019 through January 2020

By: Cody Phinney, Deputy Administrator for the DHCFP

Ms. Cody Phinney, Deputy Administrator, DHCFP, advised of the Technical Assistance Program in Los Angeles called Strong Starts which is a major budget focus area. The program makes sure that babies born in Nevada have the best possible birth outcomes, and since Medicaid is supporting more than 50% of the births, there is a great opportunity to ensure Nevadans are healthy.

Ms. Phinney advised in the last quarter the DHCFP submitted five State Plan amendments to the Centers for Medicare and Medicaid Services (CMS), including Durable Medical Equipment (DME), the Neonatal Intensive Care Unit and Pediatric Intensive Care Unit. A rate realignment for Oral and Maxillofacial Surgeons, a Personal Care Services amendment that updates the rates and effective dates and a Substance Use Disorder Prevention that promotes opioid recovery and treatment. There is a grant through the department for implementing additional opioid recovery aspects.

Dr. Ryan Murphy commented that he hoped rate realignment with the oral surgeons is one to encourage participation as currently there are very few oral surgeons that are contracted with Medicaid. Hopefully the rate realignment encourages clients to stay as participants.

Ms. Phinney replied that she believed it is designed to do that, and it aligns rates with other types of physicians.

Ms. Phinney continued with the Operations Manuals updates for the quarter of October through December. Updates were done to Boards and Committees, Prescribed Drugs (three separate updates, the operations portions on Prescribed Drugs and a major initiative is underway to make sure the legislation that came out related to pharmacy management in the last session is being implemented).

Chairwoman Rosaschi asked for particulars.

Ms. Phinney responded that the update aligns the Operations Manual with the provisions of Senate Bill 378 from the last session. It aligns the practices with what was passed in the last legislature regarding what is now the Silver State Scripts Board.

Chairwoman Rosaschi asked if anyone had any questions. There were none.

VI Presentation on Managed Care Organization (MCO) Marketing Materials

Anthem

Mr. David Escone, presented on MCO for Anthem (See presentation.)

Mr. Escone advised marketing communications reinforces the messaging from last year regarding educating members and the community about benefits, choice and access to care. He advised new images have been added and there are plans to market the same as last year in digital, out-of-home (bill boards), print, televisions, radio and to have some consistency with their messaging.

Chairwoman Rosaschi questioned what percent of Anthem Medicaid participants are eligible for Managed Care.

Mr. Escone replied that he believed it to be 39%.

Chairwoman Rosaschi asked if anyone had any questions. There were none.

Health Plan of Nevada

Mr. Richie Duplechien presented on MCO for Health Plan of Nevada (HPN). (See presentation.)

Mr. Duplechien said the percent of all HPN Medicaid eligible participants for Managed Care is 47%.

Mr. Duplechien went on to explain focus has been on the social deterrents of health for quite a while. HPN has been housing individuals since 2015 in the respite home and it has increased with working with the county in some different programs for housing the most vulnerable members in the community. HPN is very conscious of the affordable housing deficit in Nevada and has been pioneering with Clark County and conferring with Washoe and Reno to try and assist with more housing throughout the state.

Chairwoman Rosaschi asked for an elaboration on the housing program.

Mr. Duplechien answered that through the Respite Program HPN has figured out more of the barriers that members were having, not just getting to the doctor but basically getting in line for the shelters, job access, training and those type of things. He elaborated that with getting more housing stability, members are able to participate and move onward. He went on to elaborate that participants are offered assistance in connecting with different care-based organizations in the community for needed resources.

Chairwoman Rosaschi asked how many people they were serving during this particular effort.

Mr. Duplechien replied currently they are housing a little over 150 recipients. He said they work with some other programs with reentry as well, so they are in-and-out. But since 2015 he believes they have assisted with housing over 500 – 600 members.

Chairwoman Rosaschi asked what has been done due to the shortage of housing in Reno.

Mr. Duplechien explained HPN has been working with some nonprofit organizations and helping the nonprofits pay for costs. Wrap-around services are also offered. HPN has community health workers and case managers that will go to the homes of participants to make sure that needs are being met.

Chairwoman Rosaschi asked about their Dental Plan.

Mr. Duplechien replied that it is with Liberty Dental.

Chairwoman Rosaschi asked if anyone had any questions. There were none.

Silver Summit

Mr. Eric Schmauker and Heather Fitzgerald presented on MCO for Silver Summit Health Plan. (See presentation.)

Ms. Heather Fitzgerald advised Silver Summit has 10% Medicaid eligible participants for Managed Care but would like to see that increase.

Dr. Ryan Murphy mentioned that Page 8 has a section entitled Picking a Dental Plan. He asked if Silver Summit provided dental coverage outside of Liberty Dental.

Ms. Fitzgerald advised that dental is available.

Dr. Murphy verified that it's not Silver Summit that is administering the Dental Plan it is just incorporated and then it gets carved out to Liberty Dental.

Chairwoman Rosaschi asked if anyone had any questions.

Dr. Ihsan Azzam questioned the percentage of each Managed Care Organizations. He asked about the 4% left as HPN said they had 47%, Anthem 39% and Silver Summit 10%.

Ms. Phinney replied that HPN may have underestimated their total percentage. She said Medicaid would be happy to get the exact data on that and send over the correct percentages.

Dr. Azzam followed up with by asking if the client has the choice to pick the plan.

Mr. Schmauker answered that it depends. Clients do have a choice, but If the client does not make a decision as to which plan to use the plan will be automatically assigned through an algorithm administered by the DHCFP, and then assigned to one of the plans.

Dr. Azzam asked if it was done randomly.

Mr. Schmauker stated yes, but if clients had previous enrollment with MCO or family affiliation, then they would be enrolled to that MCO. If they do not meet any of those criteria then when they hit the end of the algorithm, 50% are assigned to Silver Summit, 34% assigned to Anthem and the balance assigned to HPN.

Ms. Phinney added that the algorithm is part of the Nevada State Plan and the prioritization of how people who do not choose a plan are assigned and previous enrollment are being done in compliance with federal regulation the State Plan.

Ms. Kelsey Maxim had questioned the information on the collateral brochure on the over-the-counter pharmacy benefits. She wanted an explanation as over-the-counter medications are normally covered under Medicaid as prescriptions. She wondered if this was something different.

Ms. Fitzgerald advised there is a \$30 value for every member each year that they can utilize to make purchases over the counter. This includes aspirin and other items typically sold within a pharmacy.

Ms. Maxim further questioned how that is accessed.

Ms. Fitzgerald said there is a catalog online or clients are able to call customer service for assistance.

Chairwoman Rosaschi inquired if clients are interested in getting dental, do they need to go to a Federally Qualified Health Center (FQHC).

Ms. Roxanne Coulter answered that Silver Summit has an added benefit in addition to what Medicaid members can get through Liberty Dental. Clients are able to get cleanings and x-rays as detailed in the presentation.

Dr. Murphy asked if this is supplemental dental benefit for pediatrics and adults.

Ms. Coulter responded that this is mainly for adults.

Chairwoman Rosaschi questioned the information from the marketing material regarding transportation and what support and services are offered.

Ms. Coulter responded that some of the extra value benefits offered to members are bus passes or other types of transportation if needed on a case-by-case basis depending on the medical and social needs of participants. It is important to look at the holistic approach of members and having those opportunities to see what can be done as a health for members whether it be a medical need or social need.

Dr. Aaron Deiringer asked what percentage of participants choose a plan as compared to those who do not choose a plan and thus automatically are assigned a plan through the algorithm.

Ms. Phinney responded there is a significant percentage who do not choose the plan; However, she did not have those numbers on hand. Ms. Phinney advised the information would be provided to the committee.

Chairwoman Rosaschi asked if there were any other questions. There were none.

VII. DHCFP Reports

Ms. Kristen Coulombe, Chief, Long Term Support and Services, LTSS, presented on changes to the 1915(i) Adult Day and Habilitation Services

Ms. Coulombe advised that CMS identified some areas that are not in compliance within the 1915(i) services. The first major change is the formatting. The 1915(i) 3.1-G for the policy side and 4.19-B for the rate side pages of the State Plan have been updated. This is going to Public Hearing February 25, 2020. There are completely red track changes out for the policy and the rates side. This does not mean that everything is being deleted—it is to accommodate a new CMS template. Per Ms. Coulombe, the template has the same information, it just looks nicer.

A second major change is making sure all the components of 2014 Home and Community Based Regulations requirements have been captured. Adult Day Health Habilitation has been separated into three services: Adult Day Health, Day Habilitation and Residential Habilitation

The third major change removes physical therapy, speech therapy and occupational therapy. There is a bundled, or per diem rate for habilitation and as part of that, physical therapy, speech therapy and occupational therapy are listed as part of the bundled rate. One of the Medicaid specific processes is that Individuals who are in the State Plan Option or Waivers must utilize Medicaid State Plan services first. Individuals are still able to receive the therapies, but they must receive them through the State Plan. This changes the structure for the services for habilitation resulting in the services being similar with the Intellectual Disability Waiver.

Ms. Coulombe further clarified that habilitation services are targeted to individuals who have Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI).

Chairwoman Rosaschi asked for an explanation of what habilitation is as she thought that at one time that some of the behavioral health fell under habilitation.

Ms. Coulombe responded that there were other services. Partial Hospitalization and Intensive Outpatient Treatment were previously placed in their correct State Plan pages with Hospitalization and Behavioral Health Services.

Chairwoman Rosaschi asked if anyone else had any questions and there were none.

Ms. Phinney presented on budget preparation and priorities. She advised there is a strategic plan in place with the National Association of Medicaid Directors who, along with the National Governors Association, provided technical assistance opportunities. There is a one-page briefing on strategic priorities that include what is called "Strong Starts." This will improve the quality of behavioral health services and planning for healthy aging for Nevada. She advised that the aging and disabled population is not a part of Medicaid's Managed Care Organization. There have been questions about whether that would be a good idea. Thus, planning for that has been included in the priorities.

In addition to the priorities from the Strategic Plan, there are three major contract areas the Division is focused on. The first is pharmacy. There were major changes to the way pharmacy is operated related to Medicaid in the last budget cycle and that is expected to continue. But it is being worked on to get through the implementation of the changes that were passed into law that will impact the pharmacy contracts.

The second contract is the procurement for Managed Care Operations that has been embarked upon. Listening sessions throughout the state are being conducted. Ms. Phinney advised the purpose of the listening sessions is to collect information from recipients and providers who are impacted by the operation of the program. This has an enormous opportunity to move the dial on health indicators in Nevada. There are scheduled listening sessions throughout the state where anyone is welcome to attend and comment on the impact of the program and what may be changed. There are also other mechanisms to collect information, such as the internet and an email box. The information goes to staff who prepare the documents for consideration.

The third contract is with the fiscal agent. This vendor operates a large portion of Medicaid's business. There is much contract management done at Medicaid and all of those activities will impact the next budget.

Per Ms. Phinney, Medicaid is working with the Governors Association on an 18-month project regarding data collection related to workforce. This will inform Medicaid's network adequacy calculations. Medicaid is working to improve those as the Managed Care contract process is worked through to make sure the network adequacy monitoring is meeting the needs of recipients. The Governors Association is also providing technical assistance on how to use managed care compliance activities to make sure opportunities are not being missed. Medicaid will also be seeking assistance at the next interim finance committee from a consultant to help with the actual Request for Proposal (RFP) for the managed care.

Ms. Phinney commented on the draft waiver for IMD services. Ms. Phinney advised that the Federal Government is soliciting waivers. Medicaid is not allowed to pay for services in an institute for mental disease, which is larger than 16 beds and not connected to a regular hospital. At this time there is not a draft and the necessary financial calculations is being worked on to make that budget neutral. These sorts of waivers must be budget neutral. Medicaid does not currently have the nonfederal share of that funding secured and it is not expected to be worked on until Medicaid has that funding secured. This entails a significant commitment by the state.

Ms. Phinney further advised that at the next meeting analyses will be seen that have been prepared on issues such as additional coverages, changes in coverages etc. Input is needed by the MCAC committee and the public on prioritizing the issues and other considerations taken into account.

Chairwoman Rosaschi stated if the information was given ahead of time each member of the board could review and come up with suggestions on prioritizing issues. The board members agreed.

Ms. Kimberly Palma-Ortega thanked Chairwoman Rosaschi for making sure that everyone as a whole understands the services being provided as well as being given the opportunity to give feedback in helping to initiate priority

Chairwoman Rosaschi advised that the public comment asked at the beginning of the meeting be put on the next agenda.

Chairwoman Rosaschi asked if there were any comments and there were none.

VI. Public Comment

No Public Comment.

VII. Adjournment

Chairwoman Rosaschi adjourned the meeting at 10:07 AM.